

STATE OF MONTANA DEPARTMENT OF CORRECTIONS POLICY DIRECTIVE

Policy No. DOC 4.5.27	Subject: OFFENDER MENTAL HEALTH SERVICES	
Chapter 4: FACILITY/PROGRAM SERVICES		Page 1 of 2 and Attachment
Section 5: Health Care for Secure Facilities		Effective Date: Sept. 1, 1998
Signature: /s/ Bill Slaughter, Director		Revision Dates: 06/14/01; 03/26/02; 04/18/06

I. POLICY

The Department of Corrections facilities will provide mental health services at intake and as clinically indicated for offenders who suffer from mental disorders.

II. APPLICABILITY

The secure facilities that include Riverside and Pine Hills Youth Correctional Facilities, Montana State Prison, Montana Women's Prison, Treasure State Correctional Training Center, and the private and regional facilities contracted to the Department of Corrections.

III. REFERENCES

- A. 53-1-203; 53-21-102(7)1997; Montana Code Annotated
- B. National Commission on Correctional Health Care Standards for Health Services in Prisons, 2003
- C. ACA Standards for Juvenile Correctional Facilities, 2003
- D. Washington v. Harper: 494 U.S.210 (1990)

IV. DEFINITIONS

Mental Disorder – Refers to the meaning provided in 53-21-102(7), MCA.

<u>Mental Health Services</u> – The use of a variety of psychosocial and pharmacological therapies, either individual or group, including biological, psychological, and social to alleviate symptoms, attain appropriate functioning, and prevent relapse.

V. DEPARTMENT DIRECTIVES

A. Requirements

- 1. Facility mental health practitioners will provide:
 - a. services that screen and identify offenders who have a current or past history of mental disorder:
 - b. voluntary treatment unless treatment providers determine the offender is gravely disabled or a significant danger to self or others;
 - c. procedures to ensure treatment providers refer all offenders for further psychological or psychiatric evaluation and treatment when indicated; and
 - d. crisis intervention for suicide attempts or acute mental distress.
- 2. Each facility will develop procedures that address:

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- a. scope of available services;
- b. process by which an offender may access or is referred for services;
- c. training for use of seclusion, restraints, or forced psychotropic medication, if permitted by the facility;
- d. education and training of custody and clinical staff in suicide prevention and recognition of mental illness;
- e. crisis intervention and emergency referrals (see Attachment);
- f. medication monitoring and periodic re-evaluation; and
- g. offender right to refuse treatment and the method of documentation;

VI. CLOSING

Questions concerning this policy should be directed to the Department medical director.

VII. ATTACHMENT

Request for Mental Health Services (Attachment)

Request for Mental Health Services

OFFENDER NAME:	DOC ID Numb	per: Housing Unit:
A. Reason for Request: (specific	complaints, concerns, symptoms, p	roblems, etc.)
B. Services Requested:		
D. Priority (check one)		
Emergency- call Command Post for emergency services (response within 2 hours)	Urgent- Call the mental health department for urgent services (response within 3 days)	► Routine- Forward this request through appropriate channels (response within 8 working days)
E. Requested by:	Title:	Date:
(print na	me)	
(signat	ure)	
BELOW THIS POINT FOR MENTAL	HEALTH STAFF USE ONLY:	DATE RECEIVED:
F. Action Taken:		
G. Recommended Service:		
H. Action Taken By:		
(print name)	(signature)	(date)